## 1999 NATIONAL HIV PREVENTION CONFERENCE

## Abstract 132

**TITLE:** The Unsafe Sexual Behavior of Persons Living with HIV/AIDS: An Empirical Approach to Developing New HIV Prevention Interventions Targeting HIV-positive Persons.

**AUTHORS:** Rosser, BRS, Gobby, JM, Striepe, M (Program in Human Sexuality, Department of Family Practice and Community Health, Medical School, University of Minnesota, Minneapolis MN)

**BACKGROUND/OBJECTIVES:** This study aims to examine the psychosexual concerns of persons living with HIV in order to develop new HIV prevention interventions.

**METHODS:** In all, 106 persons living with HIV/AIDS in Minnesota completed an anonymous survey that examined risk behavior at time of infection, pre-diagnosis, post-diagnosis, psychosexual concerns related to infection of others and living with HIV and prevention services desired by persons living with HIV. The sample reflected the Minnesotan profile and represents 3.3% of known infections.

**RESULTS:** Most participants knew the person who infected them; half were infected by long-term partners; and 29% infected outside Minnesota. Median time from infection to diagnosis was three years, and from diagnosis to receiving HIV-clinical services, one month. Suicidal thoughts, shutting down sexually, safer sex, and unprotected sex with HIV positive individuals were common post-diagnosis behaviors. Twelve common reasons why persons became infected were cited. Since diagnosis, 24% reported unprotected anal or vaginal intercourse with a non-HIV positive partner; 37% reported infecting others prior to being diagnosed, and 13% infecting others post-diagnosis. Persons at high risk of transmitting HIV to others were younger ( $X^2=11.39$ ; p<.0001), more sexually active ( $X^2=7.58-21.23$ ; p<.001), more sexually compulsive ( $X^2=3.50$ ; p<.05), less disclosing of their HIV serostatus before sex ( $X^2=19.42$ ; p<.0001), more self-perception as contaminated ( $X^2=7.48$ , p<.001), more likely to report they became infected through oral sex ( $X^2=7.56$ ; p<.001) and were aware that safer sex was problematic for them ( $X^2=25.14$ ; p<.0001).

**CONCLUSIONS:** HIV prevention planning needs to target HIV positive persons. Eight specific recommendations are made for planning new interventions for persons living with HIV.

## PRESENTER CONTACT INFORMATION

Name: Simon Rosser, Ph.D.

Address: University of Minnesota

Program in Human Sexuality Suite 180, 1300 S. 2<sup>nd</sup> Street Minneapolis, MN 55454

**Telephone:** (612) 625-1500

**Fax:** (612) 628-8311